

Conflict of Interest ANNUAL ELECTED OFFICIAL

Statement of Financial Interest

JAN 08 2019

Elected Officials who file:

Please print:

Office (list District number if applicable)

What is your occupation/profession?

State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice SDCL 3-1A-2);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Deadline to file: Not later than the first day of January of every year the person continues to hold the office.

Full Name Julie Frye-Mueller Complete Address 23764 Waitace St. Rapid

File with: The Secretary of State except local candidates file with the office where they file their oath of office.

List any source of funds (business or economic relationship) which contributes more than 10% of or more than \$2,000 to your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) controls more than 10% of the capital or stock. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1) *The intent of this form is to collect specific information, not generalities.		
Name of Candidate or Family Member	Name the Source of Funds	Relationship to funds
	(Ex: current employer, SD Legislature, 401K,	(Ex: employee, officer, director, associate, partner,
	benefits, etc.)	shareholder, owner, member, proprietor, etc.)
Julie Frye- Mueller	Roger Frye's Paint & Supply, Inc. Regional Hospital	Employee - Director
Michael Mueller	Regional Hospital	employee
		Filed this 848
I declare and affirm under the penalties of perjury that the information above has been pamined by the and to the best of my knowledge and belief is a true, correct and complete representation of myself and appearmediate family's imancial interests for the preceding calendar year.		

Mueller